

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000087546**1. Entity Name
LAW OFFICES OF STEPHANIE P. CAWEIN, P.A.

Principal Place of Business

100 SOUTHEAST 12TH ST.
SUITE 500
FT. LAUDERDALE
33316

FL

Mailing Address

100 SOUTHEAST 12TH ST.
SUITE 500
FT. LAUDERDALE
33316

FL

2. Principal Place of Business

100 SOUTHEAST 12TH ST.

3. Mailing Address

100 SOUTHEAST 12TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

FL

City & State

FT. LAUDERDALE

FL

Zip
33316

Country

Zip
33316

Country

4. FEI Number

65-0951747

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CAWEIN STEPHANIE PESQ
100 SE 12 STREET
SUITE 500
FT. LAUDERDALE
33316

FL

US

7. Name and Address of New Registered Agent

Name

CAWEIN STEPHANIE PESQ

Street Address (P.O. Box Number is Not Acceptable)

100 SE 12 STREET

City

FT. LAUDERDALE

FL

Zip Code
33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **STEPHANIE P. CAWEIN**

04/26/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CAWEIN STEPHANIE PESQ	
STREET ADDRESS	100 S.E. 3RD AVE., STE. 1610	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	CAWEIN STEPHANIE PESQ	
STREET ADDRESS	100 S.E. 12TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephanie P. Cawein**

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)